

Control of Communicable Diseases.● Inspections and health examinations.

The diseases appearing most frequently in children of school age :- measles, whooping cough, scarlet fever, mumps, diphtheria, chicken pox, rubella.

The Teacher is in some respects the most important person in health service because she is with the child all the time and on his arrival. She is alert to detect deviations from the normal. She is taught to develop her powers of observation of these health disorders by her ^{+ demonstrations by the 'special' literature & meetings} consultations with the school physician and nurses.

● She is informed of the different symptoms of disease. Most early signs appear as a normal cold.

Symptoms :-

1. Unusual pallor or flushed face.
2. Any unusual apathy, faintness or dizziness.
3. Evidence of inflammation of the mucous membranes in a fresh cold, a red or painful throat, running nose, repeated sneezing, red or inflamed eyes.
4. Nausea or vomiting.
5. Swelling and tenderness such as of cheeks or glands.
6. Chills or convulsions.
7. Any other distinct change from usual appearance and behaviour of child.

The above symptoms suggest contagious disease, but there are also disorders of the Scalp such as :-

lice in hair.
crusts or dirty condition of scalp.
sores or inflamed conditions of scalp - reddish scaly patches.
Itching of the scalp.

There are also disorders of the skin.

Itching, reddish scaly patches.

Inflamed short scratch marks (particularly between the fingers, on wrist or forearm).

Crusts, particularly w. inflamed edges or dried pus on the skin.

Rashes, redness, inflammations etc.

The teacher's job is only to detect the above disorders early and immediately refer child to nurse or physician. She has no responsibility for diagnosis.

Methods of procedure in Controlling Disease -
* Inspections.

Morning inspection takes 5-8 min. at the beginning of the daily program every day by the Teacher. This inspection aims to encourage personal cleanliness. It varies from a rapid survey as the child greets the teacher to a detailed formal exam in which child, ^{on} passing the teacher, who stands w. her back to a good light, ^{is} requested to 'lift his hair'. Draw down lower eyelids. 'Throw back head to show edges of nostrils. 'Open mouth and say 'ah.' 'Show palms & hands w. fingers spread.

The teacher should not touch child.

As well as this inspection games may be devised.

An inspection covers: skin for pallor or red, swollen glands or eruptions.

hair and scalp.

eyes, lids & eyeball for redness.

ears for discharge.

nose for running nose.

mouth & throat for inflammation.

11

Teacher must remember that symptoms may appear ⁱⁿ a child any time of the day.

If she sees anyone unable to undertake the day's work or who is a menace to the health of others she sends them straight to the principal, nurse, or doctor. She must teach children to stay away if they are not well. The effect of 100% attendance followed by rewards is apt to jeopardize the health service in the school. Children should be taught the prevention of communicable diseases and also the individual's responsibility for social welfare and health around them. Health and hygiene, then, should be a part of the curriculum.

(Medical Exam.)

At the beginning of the school year and after each vacation a thorough inspection takes place. This is done by the doctor or nurse and is most important in the grades I to V. Such things as T. B., heart trouble, poor eyesight etc are looked for especially. Any new child or anyone entering from another school is examined at once.

Nurse.

It is the nurses job to make the preliminary diagnosis of most contagious diseases. She also makes a routine exam. of the classroom once a week by walking up and down aisles looking for signs of colds, fever & any other symptoms.

If any child is suspicious a further exam. is carried out and the child is sent home and isolated.

The nurse as well as her school work goes to each home and educates the parents as well as

the children in health and informs them of ^{the different} symptoms. She persuades them to all have frequent medical examinations.

If disease is present in the home, the nurse detects it and deals with it accordingly - reporting it to the school principal, doctor and board of health.

When a suspicious case is found in the school.

If the pupil is ^{excluded or} promptly isolated. if the school doctor nurse is expected that day, the child should wait in the principal's office or a place separated from others until one of these Board of Health officials has seen the child. If child is however too sick to wait in the school, provision shld. be made for prompt removal to his home.

The director of School Hygiene at the Board of Health is promptly notified in order that child may be treated & diagnosed if a pupil has been excluded by teacher or principal.

Exclusions. (ie when a child is excluded from classes by teacher etc)

- 1.) Immediate exam. by a qualified person of all cases sent to office.
- 2.) Parents notified immedi. if child is excluded
- 3.) Health dept notified when exclusion is for acute communicable disease.
- 4.) Case followed by nurse to ascertain what case is given.

Exclusion Notices.

Filled out at once with 2 carbon copies - Duplicate or original notice should be given to child to notify

parent regarding the cause of the exclusion.

The Carbon Copy in pink shld. be retained in the school until the nurse calls for it (to be used as a follow-up by nurse.)

The green copy is mailed promptly to the Board of Health office, Division of School Hygiene, in a stamped envelope supplied by the school nurse so that the case may be immediately referred to the nurse.

There are 3 types of cases that may call for the use of the exclusion notice:-

I for children suffering from pediculosis or lice in the hair or nits (eggs of lice) and for children repeatedly attend. school in an unclean condition where the teacher feels that a home visit by the school nurse would result in better care of the child.

The 1st & 2nd copies shld be torn from the Exclusion notice in the above cases bec. pediculosis is not a quarantinable disease & Board of Health doesn't investigate such cases. Also the parents. It is not necessary for the family physician to look into it either. Printed directions for treatment obtained from the nurse shld. be kept in school & given to children.

II for children with any contagious skin or scalp diseases. Since these are not readily diagnosed, the teacher shld. if possible, consult doctor or nurse. if they aren't

present exclude child & send copy to Board of Health. But if they are present, then copy no. 1 shld be torn off as it is not a communicable disease & no. 2 shld. be sent to home advising parents to consult their physician. 1.5

III for children w. health disorders suggesting ~~common~~ quarantinable or reportable diseases.

An exclusion notice should be sent w. both No. 1 & No. 2 attached & the Board of Health shld. be telephoned in order that there may be no delay in the enforcing of quarantine regulations, & then the green copy shld. be sent by mail for its confirmation.

Re-admission to School after exclusion.

- 1/ After child has been excluded for first type of case (uncleanliness) they may be re-admitted after exam. by principal or other designated school authority.
- 2/ After exclusion for the second type (skin diseases) when given a permit by school nurse or after being examined by nurse at the school the child may re-enter school.
- 3/ After exclusion w. 3rd type (quarantinable diseases) the child may return after a permit from Board of Health has been received; or by permit from the school nurse in the case of whooping cough, mumps, & chicken pox.

Fats:- for energy - heat.

Proteins:- rebuild old cells, build new ones.

Carbohydrates:- energy - heat.



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